state Very

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PHYSICIANS should OCCUPATION IS Village or City (No. RECORD of PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WID WED, ORDIVINCED (Write the word) 8 DATE OF BIRTH classified. (Month) (Day) TAGE If LESS than should 1 day,hrs. THIS properly BOCCUPATION AGE (a) Trade, protession, or INK particular kind of work. supplied. (b) General nature of Industry, business, or establishment in UNFADING which employed (or employer) that it me ⁹ BIRTHPLACE (State or country) carefully 10 NAME OF FATHER 20 ō WITH be ARENTS OF FATHER (State or country) back plain terms. should 0 PLAINLY. 12 MAIDEN NAME, OF MOTHER See Instructions Information 13 BIRTHPLACE DEATH in OF MOTHER (State or country) WRITE ō CAUSE OF Important. S Item Address EVERY 15 m

PLACE OF DEATH

5064

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. N

[It death occurred in St; Ward) a hospital or institution. give its NAME Instead of street and number.]

MEDICAL CE	RTIFICATE C	F DEATH	
16 DATE OF DEATH	4	10	1 10.6
***************************************	(Month)	(Da:	(Year)
17 / I HEREBY CH	ERTIFY, That		
	to an		
that I last saw h. M. allve	17	/ .	3 .1913
			10
and that death occurred on t			120 11
The CAUSE OF DEATH * wa	. //	de	
Lunhar	- M	Ly	rv
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	(bulanon)	JI S	g:
(Secondary)		••••••	• • • • • • • • • • • • • • • • • • • •
0,00	(Duration)	Wre	mos d:
101mm	LL		
(Signed)	12	***************************************	, M. [
Ope 1/ -, 191 3 (Address	ess) ( 52	upm	lu ?
*State the DISEASE CAUSI CAUSES, state (1) MEANS O	NG DEATH, Or.	in deaths	from VIOLENT
TAL, SUICIDAL, OF HOMICIDA	or injury; ar al.	d (2) whe	ther ACCIDEN-
18 LENGTH OF RESIDENCE	FOR HOSPITALS	. INSTITUTIO	NS. TRANSIENT
OR RECENT RESIDENTS)	in the		, IIIAII GIENT
of dooth upo man	de State	vrs.	mos de
ui death yrs mos,	uo. Sidic .		
of death yrs. mos		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Where was disease contracted, If not at place of death?			
Where was disease contracted, if not at place of death?			
Where was disease contracted, If not at place of death?  Former or usual residence		••••••	
Where was disease contracted, If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR RE	EMOVAL	DATE O	F BURIAL
Where was disease contracted, If not at place of death?  Former or usual residence	EMOVAL	••••••	F BURIAL / 3 1912

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (rettred 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to the and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unquaitified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify ail diseases resuiting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Examples:



-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN W. S. No. 1. N. B.

PLACE OF DEATH	STATE OF MARYLAND
Jan 5065	CERTIFICATE OF DEATH
County	141
	Registration Dist. No.
Have or the mil	[If death occurred in
Village or City (No,	St.; Ward) a hospital or institution,
	give its NAME lostead of street and nomber.
* FULL NAME Cluve ( CE	10
	1)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH While 14 101.3
WIDOWED	(Month) (Day) (Year)
Male While (Write the word)	17 / I HEREBY CERTIFY, That Pattended deceased from
6 DATE OF BIRTH	Cfril 1 1912 to Whil 44 1913.
May 23 1894	, 1912,
(Month) (Day) (Year)	that I last saw h un alive on Ufful 7, 1918
⁷ AGE If LESS than	and that death occurred on the date stated above, at S m.
1 day,hrs.	The CAUSE OF DEATH * was as follows:
7 yrs. / 0 mos. 2 3 ds.   OR. min. ?	O DEATH WAS ESTONOWS.
6 OCCUPATION O	
(a) Trade, profession, or	correct yary aux
particular kind of work.  (b) General nature of industry,	
business, or establishment to	(Ourgiton) yrs. omos. A ds.
which employed (or employer)	B. A. D. 1/ 7
9 BIRTHPLACE	(Secondary)
(State or country) of and by mel	A (Duration) O yrs & mos o ds.
10 NAME OF ON O	1/1/
FATHER Elsher & Carr	(Signed) , M. D.
11 BIRTHPLACE	Fril 12, 1913. (Address) Harrion Fre and
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
W 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a Musis VEleville	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
(State or country)	of death yrs. mos. ds. State yrs, mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) & Weerney Copre	Former or
(illiotiliant)	usual residence
(Address) It avor of free tack	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
15	Nows Charle Upril 17, 191.3
abil 11 2 t No storman	29/UNDERTAKER ADDRESS
Filed REGISTRAR	& 1/1/2 + Hand 4 >
7	Tes I hammade wound to be
ii more Dianks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers additional line is provided for the latter statement; been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



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Every Item CAUSE OF Important.

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PHYSICIANS should of OCCUPATION is

RECORD

STATE OF MARYLAND PLACE OF DEATH 5066 CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWEO, (Month) (Day) OR OLVORGEO 17 I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duratioo) which employed (or employer) ...... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ARENTS (Address) 11 BIRTHPLACE (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ______ yrs, ____ mos. ____ds. Where was disease contracted. If not at place of death?.... usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 ADDRESS REGISTRAR arreal

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Pursperal septiehar-"Hart failure," "Haemorrhage," "Inanition," "Maran cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUEEPERAL peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is loss definite; avoid use of "Tumor" for mailg "Contributory." dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as oma. Sarcoma. etc., of . ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



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1 PLACE OF PEATH	STATE OF MARYLAND
county Harfind 5067	CERTIFICATE OF DEATH Registration Dist. No. 184
Village or City Whiteford (No. 1, 8) 2 FULL NAME Own. Boy	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  191.2, to 25  191.3,
(Month) (Day) (Year)	that I last saw h alive on Alfra 357, 191.3
7 ÅGE  8 3 yrs mos ds.   If LESS than 1 day,	and that death occurred on the date stated above, at 8 mm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. mos. ds.  Contributory (Secondary)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 ANSIGN	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Whiteford Mo	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  BY LONG  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease is always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrenal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For VIOd8. :



BINDING RESERVED FOR MARGIN

W. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

		an an	
1	PLACE OF DEATH	STATE OF MAR	YLAND
1	Woarford 5068	CERTIFICATE OF	DEATH
C	ounty OWO 000	10	180
		Registration Dist	. No
V	illage or City Bleamp (No.	St.; Ward)	[If death occurred in a hospital or Institution give Its NAME instead
	2 FULL NAME Horn May Pull	lum	of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 5	4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH ARMIL!	16 1013
-	1 Of the WIDOWED, Alicel	(Month)	(Day) (Year)
1	Emale While (Write the word)	17 I HEREBY CERTIFY, That I a	
6 D	ATE OF BIRTH	April 104 1913 to April	15 7/ 1913
	march 20 1913	11.1	
	(Month) (Day) (Year)	that I last saw held alive on April	15 th 1913
7 A		and that death occurred on the date stated at	bove, at 6 am,
	wrs. mos, / d ds. ormin.?	The CAUSE OF DEATH* was as follows:	
8.0	CCUPATION		1:11
	Trade, profession, or Manager	Capillary Bronce	utis
	rticular kind of work		P1000 merer merer - manadamagaga 400 aga 4 a aga aga aga aga aga aga aga aga
	Genoral nature of Industry, iness, or establishment in Manuel	(Duration)	/
	ch employed (or employer)	(buranou)	
98	RTHPLACE (atte or country)	(Secondary)	*****************************
(a)	tate or country) (Deleams Ma)	(Agration)	yrsds.
	10 NAME OF () . A	1/1/ 10/1/1/1	
	FATHER (KICHARA CULLIUM	(Signed)	, M, D.
TS	11 BIRTHPLACE	April 17, 191.3 (Address) 13eles	mp ma
EN	(State or country)	*State the DISEASE CAUSING DEATH, or, in	deaths from VIOLENT
ARE	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	(2) whether ACCIDEN-
PA	OF MOTHER (ROSA) (hombson)	18 LENGTH OF RESIDENCE (FOR HOSPITALS. IN	STITUTIONS, TRANSIENTS.
	13 BIRTHPLACE	OR RECENT RESIDENTA) At place In the	
	OF MOTHER (State or country)	of death yrs mos ds. State	yrs, ds,
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	Nich - 4d 21 /2. 81.	Former or	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Informant)	usual residence	**************************************
	(Address) Belcante Warly and	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15		Columny ME Cametry	Frue 18, 1913.
	This of my Colecon	20 UNDERTAKER	DDRESS
FII	ed July 1917 Duce REGISTRAR	Howard & mcloma	Stonigolin
		10000001 111000000000000000000000000000	1 10001

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the distant Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfui-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Brecise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL scpticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical oma. Surcoma. etc., of ... ture of the American Medical Association.) Accidental drowning; Struck by railway train—accieer" is iess definite; avoid use of "Tumor" for maitg The contributory (secondary or intercurrent tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Examples: FOF VIO



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1 PLACE OF DEATH STATE OF MARYLAND 5069 CERTIFICATE OF DEATH Registration Dist. No. If death occurred in (No. .Ward) a hospital or institution. give its NAME Instead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE (Month) (Day) ( Weite the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at. 1 day, .....hrs. The CAUSE OF DEATH * was as follows: min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, Dr. In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country At place In the ot death ...... yrs. mos. ..... ds. State ..... yrs. ____ mos. Where was disease contracted. KNOWLEDGE It not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKE ADDRESS REGISTE mure blanks are needed, address State Registrar, 6 E. Franklin St., Baltn., Requesting

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. minc, etc. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puenperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 State cause for Examples:



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STATE OF MARYLAND PLACE OF DEATH 5070 CERTIFICATE OF DEATH Registered No. ilf death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, SEX 4 COLOR OR RACE MARRIED. WIDOWEO, (Month) (Day) (Year) Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH that I last saw hada alive on ...... (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, st 1 day, hrs. The CAUSE OF DEATH * was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----Contributory. 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF (Signed) FATHER ... 191 3... (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State _____ yrs. __ of death ...... yrs. ..... mos. .... Where was disease contracted. MY KNOWLEDGE if not at place of death?_ Former or usual residence. DATE OF BURYAL 19t.S 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. Ne. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For mia," "PUEEPPERAL peritonitis," etc. State cause for cbildbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing valvular heart disease; Ohronic interstitial nephritix ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accioma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 ds.; Examples: -OIA



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred le .....Ward) a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH S SINGLE, Su 3 SEX 4 COLOR OR RACE MARRIED. WHOOWED. (Month) ORDIVORGED (Write the word) I HEREBY CERTIFY, That Vattended deceased from S DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than 1 day hrs. The CAUSE OF DEATH * was as follows: OR ..... min. ? BOCCUPATION (a) Frade, prefession, pr particular kind of work. (b) General nature of industry, business, or establishment in which emplayed (ar emplayer) -----Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. .... mos. .... ds. State _____ yrs, ____ mos. ___ Where was disease centracted. 14 THE ABOVE JSTRU If not at place of death?. Former or (Informant) asual residence. BURIAL OR REMOVAL 15 20 UNDERTAKER ADDRES

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING T. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Storter 5072	CERTIFICATE OF DEATH
Village or City Terry near (No.	Registered No. 8
* FULL NAME Sarah Elizat	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensole White Office (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191 to afric 7 ,1913,
7 AGE   if LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 8 a.m. The CAUSE OF DEATH* was as follows:
6 OCCUPATION  (a) Trade, protession, or foreseturify particular kind of work  (b) General nature of industry, business, or establishment in	Africa ly paclopad hour accorders (Doration) yrs. mos. C3.
9 BIRTHPLACE (State or country) Calvary Mory Roud.	Contributory (Secondary)  (Deration) yrs mos ds.  (Signed) OFX Quelaces up n
FATHER John Teston  11 BIRTHPLACE  COFFATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  Colleged  Coll	State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
13 BIRTHPLACE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds.  Where was disease contracted,   If not at place of death?   Former or
(Address) Perny man Muller Filed April 23 1913 Oprior & Muller	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS
If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tctanus) may be stated under the head mia," "Puenpenal peritonitis," etc. mus," "Oid Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malks. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. childbirth or miscarriage. as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ampie: Mcasles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vie



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1 PLACE OF DEATH	STATE OF MARYLAND
County Horford 5073	CERTIFICATE OF DEATH
	Registered No. /8/
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PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWER  OR DIVORCEO (Write the word)  B DATE OF BIRTH  Delfuety  19/1	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191, to 1913,
(Month) (Day) (Year)  7 AGE   if LESS than	and that death occurred on the date stated above, at 8 a m.
yrs. mos. ds. or min.?	The CAUSE OF DEATH* was as follows:
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10 NAME OF FATHER Coy neone Reliables  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OT	(Signed) , M. D.  (Signed) , M
13 BIRTHPLACE OF MOTHER (State or country) mon land.	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
Informant of the Best of MY KNOWLEDGE .	Where was disease contracted, If not at place of death?  Former or esual residence
(Address)  15 Filed Ofril 23, 1913 Orion Ollustral REGISTRAR	19 place of Burial or REMOVAL DATE OF BURIAL  O almany benneling apr 23, 191.3.  20 UNDERTAKER  ADDRESS  SEMYMAN
If more blanks are needed, address State Registra	r, o m. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as it should be used only when needed. essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—line primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., mia," "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is icss definite; avoid use of "Tumor" for mailgture of the American Medical Association.) "Coatributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. cbildbirth or miscarriage, as "PURRPERAL scptichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for For vie-



RECORD PERMANENT BINDING INK-THIS UNFADING ES ARGIN

PLACE OF DEATH 5074 CCUPATION IS County... PHYSICIANS Village or City. annes PERSONAL AND STATISTICAL PARTICULAR 16 DATE OF DEATH S SINGLE. SEX 4 COLOR OR RACE MARRIED. WIDOWEO, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than TAGE 1 day ..... hrs. OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work..... (b) General nature of Industry, supplied. business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) (Secondary) that 10 NAME OF (Signed) FATHER 80 0 (Address terms, ARENT OF FATHER (State or country) pinous TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions 0 OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At place 5 (State or country) EATH Where was disease contracted. KNOWLEDGE It not at place of death? 0 Former or Item usual residence. OF mportant. CAUSE UNDERTAKE 0 are needed, address State Begistra, 6 E. Franklin St., Balto., Requesting VOS. No.

STATE OF MARYLAND CERTIFICATE OF DEATH

2	1811
Registered	No. 184

.Ward)

fif death occurred in a hospital or Institution, give its NAME instead of street and number. ]

MEDICAL CERTIFICATE OF DEATH (Month) (Day) HEREBY CERTIFY, That i stended deceased from State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2)/whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, in the of death _____ yrs, ____ mos. ____ ds. State ____ yrs, ____ mos. ____ ds. DATE OF BURIAL

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, As examples: For persons "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted the same deausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medical Association. cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerpread septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for Never report For vio-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

1 PLACE OF DEATH

County Harrol 3013	CERTIFICATE OF DEATH
The state of the s	Registration Dist. No.
Village or City Bel Am (No.	[It death occurred to
Village or City (No,	St.; Ward) a hospital or institution, give its NAME lostead
Good and a	of street and number.]
* FULL NAME LUTYUNADA YO!	J
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDDWED, WIDDWED, OR DIVERSED	16 DATE OF DEATH  (Month)  (Day)  (Year)
Demale Whole (Write the word)	17. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	1913, to Cepr. 2/81, 1913,
(Month) (Day) (Year)	that I last saw h to alive on afr 2181
7 AGE If LESS than	and that death occurred on the date stated above, at 2 30 h m.
68 yrs 2 mos, 2 ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	
(a) Frade, profession, or particular kind of work.	Carcina y ones luc.
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)
(State or country) Harnd to hol	(Secondary) (Ogration) / yrs mos ss.
10 NAME OF /	(Signed) Chao Cicher 4 P
11 BIRTHPLACE	Mr 24, 1913 (Address) Deller no
State or country) Amy of lo hole  2 Maiden Name OF MOTHER OF MOTHER	*State the DISPARE CAUSING DRAWN on to Justin de
12 MAIDEN NAME	CAUSES, state (1) Means of Injury; and (2) whether Acciden- Tal, Suicidal, or Homicidal.
of MOTHER Sarah R. Proger	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORTED
13 BIRTHPLACE OF MOTHER &/ / / / / / / / /	At place to the
(State or country) / tufored of the	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) IT overy coole	Former_or usual residence
(Address) Bul air hug	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 O /	Center Cemeters an 24 1913
Filed In 21, 1913 D. Edga Dean	20 UNDERTAKER ADDRESS
REGISTRAR	N. Dean Volon Bel air not
If more blanks are needed, address State Registre	

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative Realthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichae-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1913 BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

	PLACE OF DEATH	5076	STATE OF MARY	LAND
	X sant	1	CERTIFICATE OF	DEATH
Co	unty		Registration Dist.	No. /55
-41	Hage or City Harrede	Frace (No.	St; Ward)	[If death occurred in a hospital or institution,
			All - dress	give its NAME lostead of street and number.]
	FULL NAME	enence C	V. I I O EMOCOL	
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3 SE	x 4 COLOR OF RACE 5	MARRIED, Manued WIDOWED, ORDIVORCED Write the word)		(Day) (Year)
6 DA	TE OF BIRTH	1 18 001	March 2/ 1913, to affect	, 1913.,
	(Month)	(Day) (Year)	that I last saw h 3 alive on affect	,1913
7 AG	E	If LESS than	and that death occurred on the date stated abo	ove, at 5 50 Pm,
	26 yrs / mo	sds.   1 day,hrs.   ORmin. ?	The CAUSE OF DEATH* was as follows:	,
	CCUPATION Trade, profession, or	'/ -	Watord PEUZ	
	licular kind of work	re age		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
bush	General nature of Industry, ness, or establishment in the employed (or employer)		(Doration)	rs. mos.2/ds.
	RTHPLACE ate or country)	rd co.	Gentributory (Secondary)	ure mae de
	10 NAME OF JOHN	Casey	(Signed) Aborduar	, M. D.
TS	11 BIRTHPLACE	1 10	4/14/ (1913 (Address) Have doll	wee his
PARENTS	(State or country) Hoad  12 MAIDEN NAME	ford Co	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL.	leaths from VioLent ) whether Acciden-
PA	OF MOTHER Man	/ M Greig	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INS	TITUTIONS, TRANSIENTS,
	OF MOTHER (State or country)	ford con	At place In the	yrs, ds.
14 _T	HE ABOVE IS TRUE TO THE BEST	OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
(	Informant) Harry X	Kendrer	Former or usual residence	97 11/10000000000000000000000000000000000
	(Address). Barred	space.	19 PLACE OF BURIAL OR REMOVAL	ATE OF BURIAL
15 File	a april 1 4 191 3 3.	. Dr. Steiner	20 UNDERTAKER AL	ODRESS
rite	W. No. Add a was so Ut do . o pag 1 V 1 Prosessor consessor cons	REGISTRAR	Jammen for the	savrede fra
	If more blanks are no	eeded, address State Registrs	ur, & E. Franklin St., Balto., Requesting V. S. No.	1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISTABE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Purperal septichacetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary). 10 ds. Never report ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritix nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can Examples:



RECORD PERMANENT EXACTLY. BINDING 4 IS should FOR INK-THIS AGE RESERVED UNFADING MARGIN WITH pe of information should PLAINLY, WRITE

ż

Very PHYSICIANS should a Village or City (No. PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED. (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than 1 day hrs. OR ..... 7 properfy BOCCUPATION (a) Trade, profession, or particular kind of work. carefully supplied.
to that it may be positive of certificate. (b) General nature of industry. business, or establishment which employed (or employer) State or country) 10 NAME OF FATHER 9 of terms, 11 BIRTHPLACE PARENT OF FATHER (State or country) CO 12 MAIDEN NAME DEATH in plain OF MOTHER Instructions 13 BIRTHPLACE OF MOTHER (State or country) See CAUSE OF Important. S Informant) ..... (Address) -----15 20 UNDERTAKER m REGISTRAR

5077

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

	No. /80
mantal a r	/ / 0
Kegistered	No

ADDRESS

St: .....Ward)

[If death occurred to a hospital or Institutico, give Its NAME Instead of street and comber. ?

MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH	(Month)	28 (Day)	., 1913.
17 I HEREI	BY CERTIFY, That I s		
***************************************	191, to	***************	191
that I last saw h.assa.	allye on Sect	15	, 191.3.
and that death occurred		4.4	150 -
The CAUSE OF DEATH		Jore, St.	······································
(1			
I mile /	Sto Euro	twi	******************
J	(Duration)	.yrsm	os
(Secondary)		***************************************	
	New (Peration)	. yrs. m	ns ds
(Signed) CC	sulvi.	, , , , , , , , , , , , , , , , , , , ,	
yn 194, 1913.	(Address) Edge	word	my
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOM	CAUSING DEATH, or, in ins of Injury; and (	deaths from 2) whether	VIOLENT ACCIDEN-
16 LENGTH OF RESIDEN OR RECENT RESIDENTS)	ICE (FOR HOSPITALS, IN		
At place of deeth yrs mos	lo the	Wre -	no do
Where wes disease contracted,			us us.
If not at place of death?		10 0 Two may do 10 0 0 0 0 Two may 20 0 1	<b>*******</b>
OSUAI residence			
Merce of BURIAL O	ALL L	- 30	
www.	ma line		191.3

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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ture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vromia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



S. No. 1.

UNFADING INK-THIS IS. A

PHYSICIANS should state of OCCUPATION is very RECORD or information should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, s Important.

1 PLACE OF DEATH 5078



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

)

fif death occurred in

B DATE OF BIRTH  (Month) (Day) (Year)  (Adde	V	FULL NAME Surgy Indance	St; Ward)  a hospital or institution give its NAME instead of street and number.]	
Make with words of the word (Write De word)  Date of Birth  (Month) (Day) (Year)  (Month) (Day) (Year)  (Month) (Day) (Year)  (Month) (Day) (Year)  Tage  If LESS than it day, hrs. it and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the date stated above, at 2:450 and that death occurred on the	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
**State the Disease Carsing Dearth, or, in deaths from Yours (Signed) *** State the Disease Carsing Dearth, or, in deaths from Yours (State or country) *** James of Mother Cause of Mother Ca	1	MOI // WIDWED, WOMEN OR OF	(Month) (Day) (Year)	
The CAUSE OF DEATH* was as follows:  The CAUSE O	8 0	Of 11 ,1910	JW 12 , 1913, to W 28 , 1913.	
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF (State or country)  13 BIRTHPLACE (State or country)  14 MIDEN NAME OF (State or country)  15 MAIDEN NAME OF (State or country)  16 MIDEN NAME OF (State or country)  17 MAIDEN NAME OF (State or country)  18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIER OR RECENT RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIER OR GRAPH RESIDENCE (FOR HOSPITALS. INST	7 A	1 day,hrs.		
Signed State or country)  ON NAME OF FATHER  OF FATHER  OF MOTHER	(a) pa (b) bus	) Trade, profession, or ricular kind of work  General nature of industry, siness, or establishment in	(Duration) yrs. mos. cs.	
(Signed)  11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Signed)  (Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accide on Recent Residence OF MOTHER (State or country)  At place of death  YS. mos. ds. State  Where was disease contracted, If not at place of death?  Former or usual residence.			(Secondary) Couch mymmmm	
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIEN OR RECENT RESIDENCE (FOR HOSPITALS. INSTITUTIONS,	Z	11 BIRTHPLACE OFFATHER (State or country) Janful U  12 MAIDEN NAME	(Signed)	
Where was disease contracted, if not at place of death?  Former or usual residence.	<b>D</b>	13 BIRTHPLACE Jan Loel D. Mind	At place in the	
(Address) 19 PLACE OF BURIAL OR REMOVALLAS DATE OF BURIAL		Man Know	Where was disease contracted, If not at place of death?	
Filed 4 27 1912 Challe Creswell 20 UNDERTAKER ADDRESS REGISTRAR Davidson Bradsha  If more blanks are needed, address State Begis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		ed 4-29-1913 Chate breswell Best Boxes REGISTRAR	If Stephens Catholic 4-30, 1913.  20 UNDERTAKER David Davidson Bradshaw	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ili-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuibeen changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death alternation with respect to the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

childbirth or miscarriage, as "Puerperal scptichacture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scnsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritie. nant neoplasms) : Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

County Harford So	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City Flintville (No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLO'R OR RACE MARRIES, WINDOWS SINGLE, WITH WORD SINGLE (Write the word) 6 DATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from 191 that I last saw h alive on 191
7 AGE If LESS than 1 day, hrs. OR	and that death occurred on the date stated above, at
e occupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Carlo  Co	Contributory (Secondary)
OF FATHER  OF FATHER  OF FATHER  OF FATHER  OF FATHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	At place in the ot death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place ot death?
Address 1	19 PLACE OF BURIAL OR REMOVAL  Part of BURIAL  April 6, 1913  20 UNDERTAKER  ADDRESS  ALLY Lalington MB  Franklin St., Balto., Requesting WS. No. 1.

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (rctired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinlosis of lungs, meninges, peritonacum, etc.. Carcinlosis

childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (name origin; "Can State cause for Examples:



N. B.—Every item of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it msy be properly classified. Exact statement of OCGUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

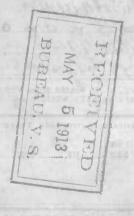
1 PLACE OF DEATH	STATE OF MARYLAND
county Harford 5080	CERTIFICATE OF DEATH Registered No. 180
Village or City Abingdon (No. 12 Pull NAME Pohn Fran	St; Ward)  [if death occurred to a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SHOWED, WHO WELD, WHO WELD, WHO WELD, WHO WELD, WITH THE WORLD (Write THE WORLD)	16 DATE OF DEATH Spill3 (Month) (Day) (Year)  17 I HEREBY GERTIFY, That I attended deceased from 1913 to 1913.
(Month) (Day) (Year)  7 AGE  (It LESS than t day,hrs.	and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work.  Shown less of the state of the	Hart Blok
(b) Seneral nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **The state of industry,  **Description:  **Description	(Buration) Contributory General and topacmia
(State or country) hot known	(Signed) Richard Offermann, M. D
11 BIRTHPLACE (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in ceaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 April 12 Ap	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Leng Liel	Where was disease contracted, it not at place of death?  Former or usual residence.
(Address) Aby golon  16  Pilot april 15, 191.3 Coloronino Local Registrar	19 PLACE OF BURIAL OR REMOVAL  St Frances Cerretay Grand 15, 1913  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS
If more blanks are needed, address State Begis tre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, elc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples For persons

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid pneumonia"); Labur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaegeultal," "Senile," etc.), ample: Measles (disease causing death), affection need not be stated unless important. nant neoplasms) ; Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthcuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; oma. Sarcoma. etc., of ... is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head Chronic interstitial nephritis. "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report 29 ds.;



RESERVED FOR BINDING MARGIN

W. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

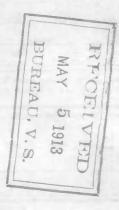
	A very de grand of the part of		
PLACE OF DEATH	STATE OF MARYLAND		
5081	CERTIFICATE OF DEATH		
county VVVVV	1002		
I m	Registered No. / 3 2		
Village or City / hadrma (No	[It death occurred in		
(No.	St; Ward) a hospital or institution give its NAME instead		
my Mail	of street and number.]		
FULL NAME THOUGH	2 //- Comas		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLUNOR RACE 5 SINGLES	16 DATE OF DEATH Chail		
MARRIED, MANUEL.	(Month) (Day) (Year)		
Temale Ffule. (Nrite the Hord)	17   HEREBY CERTIFY, That I attended deceased from		
6 DATE OF BIRTH	april 5th, 1913, to april 9th, 1913,		
Nec 18 1840	101-104		
(Month) (Day) (Year)	that I last saw h 12 alive on fund 7-2, 1913		
7 AGE If LESS than	and that death occurred on the date stated above, at		
2 mgs. 2 ds. or	The CAUSE OF DEATH* was as follows:		
BOCCUPATION	Cerdnal Hemmhass		
(a) Trade, profession, or John Della			
particular kind of work	Cerebral Horr stay		
(b) General nature of Industry, business, or establishment in	(Duration) yrs mos des		
which employed (or employer)			
State or country)	(Secondary)		
ta gra co	(Duration) yrs mos ds.		
10 NAME OF FATHER	(Signed) H-7- Bradley		
terry or	M. 10 - TT 10 11		
11 BIRTHPLACE OF FATHER (State or country)	OM 10 , 1913. (Address) Jakollarle Ald.		
W J J J J J J J J J J J J J J J J J J J	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL OF HOMEON OF THE STATE OF		
Y 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.		
a I will for.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
13 BIRTHPLACE OF MOTHER	At place In the		
(State or country)	of death yrs mos ds. State yrs mos ds.  Where was disease contracted.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?		
Interment & Aury / / / / - Truas	Former or usual residence		
mod his Dho	10		
(Address)	PRIACE OF BURIAL OR REMOVAL DATE OF BURIAL		
16 Ab 11- a destation and	Jemie Celleler XX IX 14 , 1912		
Filed And 1913 Or Washington	20 UNDERTAKER ADDRESS		
FICUL REGISTRAR	of M. Sterkwood While Hall		
if more blanks are needed, address State Registra	r, 6 E. Franklin St., Baito., Requesting V. S. No. 1. Mc		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). causing neath, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the housebold only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative bealthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla childbirth or miscarriage, as "Purperal septichar ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "TUERPEBAL peritonitis," cause. etc., when a definite disease can be ascertained as the "Ileart failure," "Haemorrhage," "Inanition," "Maras genital," "Senlie." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopinsms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always quality all diseases resulting from (Recommendations on statement of etc. State cause for (name origin: "Can-Examples:



RECORD

PERMANENT

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

N.B.

1 PLACE OF DEATH	STATE OF MARYLAND
County Har tord 3082	CERTIFICATE OF DEATH
10	Registered No. 184
Village or City Heulville (No. 18,7) 2 FULL NAME Odward	St: Ward)  St: Ward)  If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (With the word)	16 DATE OF DEATH  Month)  Month  (Day)  (Year)  17   HEREBY CERTIFY, That Lattended deceased from
6 DATE OF BIRTH June 26. 1856	Jun 1, 1913, to apr 16, 1913
(Month) (Day) (Year)  7 AGE    If LESS than   1 day,	and that death occurred on the date stated above, at 6 P m.  The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manyland	Subden (Duration)  Gontributory (Secondary)  (Duration)  (Duration)  (Secondary)
10 NAME OF FATHER JOShuu. M. Lang kling of FATHER OF FATHER (State or Souther)  Mung Con Souther (State or Souther)	(Signed) R Warry James ds. (Signed) R Warry James ds.  (Address) Delly Pal
11 BIRTHPLACE OF FATHER (State or yountry)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Many Land  14 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place   10 the   10 the
informani) Typloy Masuallin  (Address) Delly Pu	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Uprel 17, 191.3 Jas W M Vak DE LOSPING REGISTRAR	net neus Pa apr. 19, 191.3  20 UNDERTAKER  MU. To. Norms  Delli B.
If more blanks are needed, address State Begistrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekcepers (9) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material, worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthfulminc, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all expect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, If impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purreral scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for mails: oma. Sarcoma. etc., of . ture of the American Medical Association. "Contributory." by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "TUERPERAL peritonitis," etc. tetanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin : "Can death), 29 State cause for "Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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MAY 8 1918

BURDAU, V. S.

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STATE OF MARYLAND PLACE OF DEATH 5083 CERTIFICATE OF DEATH County. Registration Dist. No..... Ilf death occorred in St:.....Ward) a hospital or lostitution. give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE CALBRIN WIDOWED, WUS (Month) (Dav) (Write the word) I HEREBY CERTIFY. That'l attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at Co. 1 day, .....hrs. The CAUSE OF DEATH* was as follows: OR ..... m!n. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 1913 (Address) Attagra ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. ____ mos. ____ ds. State ...... yrs. ____ mos. ..... ds. Where was disease contracted. If not at place of death?. Former or usual residence DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. chlidbirth or miscarriage, as "PURRPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Dropsy," "Fxhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can State cause for Examples: For vio-

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MAY 7 1913
BUREAU, V.S.

BINDING UNFADING INK-THIS IS FOR RESERVED WRITE PLAINLY, WITH MARGIN

B. No. 1.

N.B.

RECORD

A PERMANENT

carefully supplied. AGE should be atated EXACILY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very feertificate. 20 should be -Every item of information should be CAUSE OF DEATH in plain terms, Important. See instructions on back Important. 1 PLACE OF DEATH





#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

St:.....Ward)

[It death occorred in

	* FULL NAME Wellie Mey ES	give its NAME instead of street and oumber.]
+	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Malu what Salvance (Salvance, Wy Sky Wooded, Wooded, Okolivance)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17   I HEREBY CERTIFY, That J attended deceased from
6 D,	(Month) (Day) (Year)	that I last saw h 3 slive on 9 2 3 ,191 3
TAG	1 day, hrs.  1 yrs 7 mos. 14 ds. 0R min. ?	and that death occurred on the date stated above, st 2 a m. The GAUSE OF DEATH* was as follows:
(a) par (b) busin	Trade, profession, or ficular kind of work	(Doration) yrs mos to
9 BI	PRIHPLACE ate or country) Jashad Co Md  10 NAME OF July & May W  11 BIRTHPLACE 7	(Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Signed) (Signe
ARENT	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) James Co My HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place Io the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death?
1 6	Informant) Mus May 45  (Nodress) Appa Ms  104-25, 1913 Chate, Creswell	Former or osual residence.  19 PLACE OF BURIAL OR REMOVAL  Salein Mile lemoty Cyst. 26., 181.3 20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING NEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthfui-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease in the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may he stated under the head by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purpresal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Dehility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



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OCCUPATION IS PHYSICIANS should RECORD of Exact statement EXACTLY. stated properly classified. pe should AGE carefully supplied. be may certificate. that It 90 90 pe DEATH in plain terms. See instructions on back pinous PLAINLY. of Information WRITE Item CAUSE OF Important. Every

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#### 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 3 SEX WIDOWED, Mile (Write the word) 6 DATE OF BIRTH (Month) 7 AGE mos. BOCCUPATION

(a) Trade, prefession, or

particular kind of work (b) Beneral nature of industry,

9 BIRTHPLACE (State or country)

PARENT

15

10 NAME OF

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

OF MOTHER (State or country

191

If more blanks are needed address State

(Address)

business, or establishment in

which employed (or employer)

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

St .: .....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

MEDICAL CERTIFIC	ATE OF DEATH
16 DATE OF DEATH apr	29,1914
	onth) (Day) (Year)  That Lattended deceased from
afry 1912, to	apr 29 , 191
that I last saw h alive on	Afr 12 191
and that death occurred on the date	stated above, at
The CAUSE OF DEATH* was as fol	
7/0	A 1/
Valvular	Dream of Ste
Ourat	
(Secondary)	ma am
/Daniel	1 and - and -
•	ion)yrsmos
•	ion) / yrs mos
(Signed) 77 2/10	nk "N
(Signed) , 191 (Address)	TH. OF. In deaths from Violen
(Signed) 7 3/C	TH. OF. In deaths from Violen
(Signed) , 191 (Address)	TH, or, In deaths from Violen RY; and (2) whether Acciden
*State the DISEASE CAUSING DEA CAUSES, state (1) MEANS OF INJU TAL, SUICIDAL, OF HOMICIDAL	TH, or, In deaths from Violen RY; and (2) whether Acciden
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(Signed) , 191 (Address) , 191 (Address)	TH, or, in deaths from Violen Ex; and (2) whether Accides  BPITALS, INSTITUTIONS, TRANSIEN In the  State yrs, mos.
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[Approved by U. S. Census and American Public Health Association.]

""Manager," "Dealer," etc., without more precise speciit should be used only when needed. statement. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the distance causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

cbildbirth or miscarriage, as "Puerperal septichaeample: Measles (disease causing injury, as fracture of skull, and consequences (e. g., sucb, if impossible to determine definitely. LENT DEATES state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 28 probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convuisions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resuiting from (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-

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RECEIVED

MAY 8 1918:

FURBACIVES

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING T. S. No. 1.

Registration Dist. No.    Willings of City Connected Space (No. St; Ward)   If death a baspital or give list with a shappital	PLAGE OF DEATH 5086	STATE OF MARYLAND
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  SENALT, MARRIES, MARRIES, MARRIES, MARRIES, MARRIES, MARRIES, MARRIES, MARRIES, MARRIES, MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  16 DATE OF DEATH  17 1 HEREBY CERTIFY, That I attended decea  (Month) (Day)  17 1 HEREBY CERTIFY, That I attended decea  18 1 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	County Day ord	
AGE  ACCUPATION (a) Trade, profession, or particular which employed (or employer)  Benther Acce (State or country)  Benther Acce (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  15 DATE OF DEATH  (Month) (Day)  (Year)  16 DATE OF DEATH  (Month) (Day)  (Year)  17 I HEREBY CERTIFY, That I attended decean and that I last asw home allive on affecting the particular wind of work.  (Month) (Day)  (Year)  16 DATE OF DEATH  (Month) (Day)  (Year)  17 I HEREBY CERTIFY, That I attended decean and that I last asw home allive on affecting the particular wind of the particular wind	* FULL NAME Filliam H.	Morgan St.; Ward)  [If death occurred to a hospital or Institution give its NAME instead of street and number.]
Male  Month  Mo	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OATE OF BIRTH  (Month)  (Day)  (Tess that I last ssw home allive on April 23 that I last ssw home allive on April 24 that I last ssw home allive on April 25 that I last ssw home allive on April 26 that I last ssw home allive on April 27 that I last ssw home allive on April 27 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I last ssw home allive on April 28 that I la	MARRIED, Marile,	(Month) (Day) (Year)
and that death occurred on the date stated above, at a the CAUSE OF DEATH* was as follows:  be occupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  12 MAIDEN NAME  OF MOTHER  (Informant)  A MANUAL ALLERS than 1 day, mirs.  OR. min.?  If LESS than 1 day, mirs.  The CAUSE OF DEATH* was as follows:  Contributory International Country (Deration)  (Signed)  Contributory International Country (Secondary)  (Signed)  *State the DISBASE CAUSING DEATH, or, in deaths from your and contributions of the country of the c	DATE OF BIRTH April 15, 185	39 Jan 15- 1913, to Opil 24 , 1913
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Annual Morgan (Signed)  11 BIRTHPLACE (OFFATHER (State or country))  12 MAIDEN NAME OF (State or country)  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant).  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant).  15 PROCE OF BURDAN OF BURDAN OF BURDAN OF STATE OF MY KNOWLEDGE (Informant).  16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant).  17 PROCE OF BURDAN OF BURDAN OF BURDAN OF BURDAN OF BURDAN OF STATE OF MY KNOWLEDGE (Informant).  18 PROCE OF BURDAN OF BU	AGE If LESS th	and that death occurred on the date stated above, at Am The CAUSE OF DEATH* was as follows:
(State or country)    Operation	(a) Trade, profession, or particular kind of work	d +
Signed  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 BIRTHPLACE OF MOTHER (State or country)  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRACE OF RECENT RESIDENTS)  At place Of death	(State or country) Delaware Hory	(Secondary)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRADER OF RECENT RESIDENCE) At place of death	FATHER Janual Morga	State the Depart Capera Program of the State
of MOTHER (State or country) CNFNOWY  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) William Mongan  (Informant) Religion Control of the state of	13 BIRTHPLACE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
Have de grace 19 PLACE OF BURIAL OR REMOVAL DATE OF BURI	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds.  Where was disease contracted, If not at place of death?  Former or
Filed April 26, 1913 2. A. Stewier 20 UNDERTAKER ADDRESS.	Filed April 26, 1913 2. Dr. Stewier	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting v. S. No. 1.		

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iii-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative Leaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head childbirth or miscarriage, as "PUTEPERAL scptichacetc., when a definite disease can be ascertained as the ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory Always qualify ail diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



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state

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. If death occurred in .Ward) a hospital or institution. give Its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 1913 S SINGLE. 3 SEX 4 COLOR OR RACE (Month) (Dav) (Write the word) + HEREBY CERTIFY. That I attended deceased from 17 (Day) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at t day ......hrs. OR ..... min. ? BOCCUPATION (a) Trade, pretession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) .....yrs......mos..... which employed (or employer) ..... Contributory... 9 BIRTHPLACE (Secondary) (State or country) (Opration) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State ..... yrs. .... of death ...... yrs. ..... mos. ..... ds. Where was disease contracted. If not at place of death? Former or

usual residence.

20 UNDERTAK

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Reguesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not mine, ctc. it should be used only when needed. As examples the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculoxis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report For VIOds.;



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND
County Harried 5088	CERTIFICATE OF DEATH
h to u	Registration Dist. No. 83
Village or City And Charles (No,	St.; Ward)  St.; Ward)  a heptil or institution, give its NAME instead of street and number.]
* FULL NAME John Henry	and the
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
11 ale Black Single, Married, Married (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH  Not Known, 1  (Month) (Day) (Year)	March 4, 1913 to 09, 2 , 1913, that I last saw h 2 , 1913
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, at
8 OCCUPATION  (a) Trade, profession, or particular kind of work. Day Kalendard (b) General nature of Industry, business, or establishment in	(Duration) yrs. mos. ds.
which employed (or employer)	
State or country)	(Secondary)  (Doration) yrs mos ds
10 NAME OF COASE Smith	(Signal) H. F. Bradley, M.D.
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF Mother	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
MAIDEN NAME OF MOTHER DAT RIVOWN  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	at place In the of death yrs mos ds. State yrs mos ds.
(Informant) James Jel	Where was disease contracted, If not at place of death?
(Address) Rock ml	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Optils 1913 ACPhillips REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS Parrettsulle
If more blanks are seeded address State Registra	ur, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head by carbolic acid-probably sulcide. The nature of the mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory," injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. ample: Measles (disease causing death), 29 ds.: etc. The contributory valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples: For vio-



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Village or City Sullington (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVOROXD (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  1 HEREBY CERVIFY, That I attended deceased from 1913, to 1913, to 1913, to 1913,
7 AGE It LESS than	and that death occurred on the date stated above, at 7,350m.
B OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. 3 mos. // ds.  Gontributory (Secondary)
OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Duration) yrs. mos. ds.  (Signed) (Address) (A
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWGEDGE	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
(informant)  Address)  Address  Filed Of M/ 191.3  Recistant  If more blanks are needed, address State Registrar, 6	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  D. Franklin St., Balto., Requesting V. 8 % 0. 1

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iiishould be taken to report specifically the occupations duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first ilne will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Housewifc, Housework, or At Home, and children, not mine, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the death —Name, first, the death —Name, first, the death respect to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopncumonia ("Pncumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinosis

cause of death approved by Committee on Nomenciamia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal septichaegenitai," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitlal nephritls nant neoplasms); Mcasles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify ail diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples:



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Carford 5090	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6
Village of City Unipmen (No.	St; Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale Black Single, Milower (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH  Ont know,  (Month) (Day) (Year)	apr. 17 191 to left 20 1918.
TAGE    If LESS the finday, hr   day, hr   day, hr   day, hr   ds.   OR min. ?    BOCCUPATION   (a) Trade, profession, or particular kind of work.	The CAUSE OF DEATH'S was as follows:
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the of death
(Informant) Melliam Melinere (Address) Perryman My 15 Filed apt 72, 1913 Quoi C.M. HEGISTRAR	Former or usual residence  19 place of Burial OR REMOVAL DATE OF BURIAL  MINON Chapel Central April 2, 191 B.  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS
If more blanks are needed, address State Registrar.	6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Puerperal septichue. etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify aii diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of (name origin; "Can Examples For vio-



1 PLACE OF DEATH STATE OF MARYLAND 5091 CERTIFICATE OF DEATH 9 0 PHYSICIANS shoul of OCCUPATION Registered No. Ilf death occorred in .....Ward) a hospital or institution. RECORD give its NAME lostead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH S BINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO, (Month) (Day) OR DIVORCED Write the word) I HEREBY CERTIFY, That I stiended deceased from 6 DATE OF BIRTH that I last saw h..... alive on ..... (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above. 1 day, ..... hrs. THIS OR ..... 7 GOCCUPATION (a) Trade, profession, or particular kind of work. may be (b) General nature of Industry. business, or establishmeol in UNFADING which amployed (or employer) ..... Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 30 .. 191 3... (Address). 11 BIRTHPLACE ARENT OF FATHER (State or country) pinous *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE -At place In the OF MOTHER (State or country) ot death _____ yrs. ___ mos. ___ State ..... yrs, ____ mos. .... ds. EATH Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?. 0 ā Informant) FO Item usual residence. Important. Every Ite 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS m REGISTRAR If more blanks are needed, address State Registrar, 6 B. Franklin St., Balto., Requesting V. S. No. 1.

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MARGIN

[Approved by U. S. Census and American Public Health
Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the dibease caubing affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For vie-



mportant.

N.B.

*

County Harford 3092	Registered No.
Village or City Madowna (No.	St; Ward)  [If death occurred I a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hhrte (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Marth (Month) (Day) (Year)	March 29, 1913, to Agr 6 , 1913
7 AGE  1 If LESS than t day,hrs  57 yrs	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Gontributory Classica (Becondary)  (Duration) yrs mos ds
of 11 BIRTHPLACE OF FATHER W. I STATE OF FATHER W.	(Signed) N. F. Brisdley, M. D. D. Syn 7, 191 3. (Address) Detrettiville M.
11 BIRTHPLACE (OF FATHER (State or country) New York lerty  12 MAIDEN NAME OF MOTHER (Anthast Philys)  13 BIRTHPLACE (OF MOTHER (State or country) (Austur les Pa	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death
informant, Samuel II hamp Son (Address) Tall Stone RJD, Md	Where was disease contracted, If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Bethick learnetry  20 UNDERTAKER  ADDRESS  ADDRESS
REGISTRAR	rar, 6 E. Franklin St., Balto., Requesting V. 8 No. 1.

STATE OF MARYLAND

OF DEATH

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at heginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman," (0)

Statement of cause of death—Name, first, the dibrage causing death—I the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

childbirth or miscarriage, as "Purpural septichac cause. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was nodertaken. mia," "TUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia." "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Aiways qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin: "Can "Exhaustion," Examples:



BINDING RESERVED FOR MARGIN

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD T. S. No. 1.

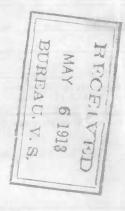
Village of City My Jerupman (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single, Married ORDIVORCED (Write the word)  (Month) (Day) (Year)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  1912, to effect  (that I last saw hove alive on Moreh 30, 1913
TAGE    If LESS than   day,hrs. or   work   learn   or   or   learn   or   or   or   or   or   or   or	and that death occurred on the date stated above, at 5:/5 a.m., The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishmoot in which employed (or employer)  BIRTHPLACE (State or country) No Cennyman Kanforfa	(Duration) yrs mos ds.  Contributory Cardeae Stypertes fly (Secondary)  (Duration) yrs mos ds.
10 NAME OF FATHER Filliam Vilden  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER FATHER ATTRIBUTE  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 ATTRIBUTE  15 MAIDEN NAME OF MOTHER  16 ATTRIBUTE  17 MAIDEN NAME OF MOTHER  18 ATTRIBUTE  18 ATTRIBUTE  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHE	(Signed) (Address) Cerry curace Med  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Carnett Hallem.  13 BIRTHPLACE OF MOTHER (State or country) Carford Ce,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mcs, ds.
(Informant) Pilliam & Wildon  (Address) Cerryman, Ma	Where was disease contracted,  If not at place of death?  Former or  USUAL residence
Filed J 1913 Sever Milhar Recistrar	20 UNDERTAKER ADDRESS ADDRESS CAMERON COM CAMERO France
If more blanks are needed, address State Registran	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purberral septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart discase; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of (name origin; "Can Examples: For VIO-



Y. B. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

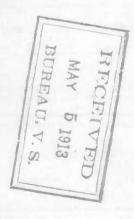
Village or City Sewell (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 8.0  St.; Ward)  St.; Ward)  [it death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hallan (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY GERTIFY. That I attended deceased from
Month) (Day) (Year)	that I last saw h
Fage obout 35 If LESS than t day,	and that death occurred on the date stated above, at m.  The CAUSE OF DEATH* was as follows:  Was Alruck by 13 70 Frain  about 5 orlock a, M.
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory (Secondary) (Deration) yrs mos ds.  (Signed) 6, 6, 6, 6, 6, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
11 BIRTHPLACE OF FATHER (State or country) Not Known, 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUEY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.  Where was disease contracted.
(Informant)	If not at place of death?  Former or usual residence.
(Address)  16  Filed Opini H, 191 3 le le bourne  Social REGISTRAR	20 UNDERTAKER  When the state of Burial Date of Bur

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman, "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—Is always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, pertionaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the sucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "PUERPERAL septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of Bronchopncumonia (secondary). 10 ds. Never repor-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion, Examples: cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN Y. B. No. 1.

'PLACE OF DEATH 5095	STATE OF MARYLAND
County Darford	CERTIFICATE OF DEATH
Oddity	Registration Dist, No. /85
Village or City Carre de Grace (No	Ill death occurred le
Village or City Varre de Frace (No	St.; Ward) a hospital or Institution,
of + h ?-	give its NAME lostead of street and nomber.}
* FULL NAME Married 11. Van	neman
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Write the word)	16 DATE OF DEATH // 23 ,1913 (Month) (Day) (Year)
GDATE OF BIRTH Afril 15, 1859	Muy 1912, to Chil 23d, 1913,
(Month) (Day) (Year)	that I last saw her alive on affect 220 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 50, m.
54 yrs. mos. 9 ds. or. min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	malesprent furner
(a) Trade, profession, or	in Wife abdominal
particular kind of work  (b) General nature of industry,	Cooly Orenous ?
business, or establishment in which employed (or employer)	Clonoch (Ouration) yrs. // mos. ds.
BIRTHPLACE	Contributory menua & Journal Dobolsky
(State or country)	(Secondary) with Jake Washington (Deration) yrs mos ds
10 NAME OF FATHER Daniel Vannuman	(Signed) (Deration) yrs mos ds.
11 BIRTHPLACE	Cefed 24,1913. (Address) bare de True hu
OFFATHER (State or country) 6 22 12 MAIDEN NAME OF MOTHER CAROLING Kun	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Caroline Kerr	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSJENCE
13 BIRTHPLACE OF MOTHER (State or country) Cecel	OR RECENT RESIDENTS) At place lo the of death yrs mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disaase contractad, If not at place of death?
(Informant) Edward banning	Former or usual residence
(Address) Carrede Grace	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed apr. 24, 191 3 F. M. Steiner	To spe well cometere office 25, 1913.
REGISTRAR	Ja Runn den Hole orace
if more hlanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-(a) Spinner, essary to know cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, As examples: -Coal

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJUST and qualify as mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage, as "Puerpreal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maraagenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ample: Measles (disease causing death), 29 ds.: valvular heart discase; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never repor Examples: For vio-



V. S. No. 1.

Village or City Black Hose (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIEO, WIDOWCO, OR OIVORCEO (Write the word)  5 DATE OF BIRTH  MANUARY  (Month)  (Day)  (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from (Marcha 28-, 1913, to 24-, 1913, 1913, 1913
SOCCUPATION (a) Trade, profession, or particular kind of work    It LESS than   1 day,hrs.	and that death occurred on the date stated above, at 1/30 Pm.  The CAUSE OF DEATH* was as follows:  Angulary Connections
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Harford Co. Mal	(Duration) yrs. mos. G ds.  Gontributory (Secondary)
11 BIRTHPLACE OF FATHER (State or country) Harford Co. Mul.  12 MAIDEN NAME	(Signed)
OF MOTHER Chigabeth Cance  13 BIRTHPLACE OF MOTHER (State or country) Harford Co. M  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Sel Cler, Mr.,  Filed Mr /5 , 1913 Of Journal Major Registrar, 6	20 UNDERTAKER  M. Skistnood White Hall  E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry; and therefore an should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) For persons

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis "Of Tungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerferal septichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viocause. Aiways qualify all diseases resulting from mus," "Old Age," "Shock." 'Traemia," "Weakness," genitai," "Senile," etc.), ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ture of the American Mcdical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples: 0

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1918
BUREAU, V.S.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR W. S. No. 1.

Village or City Julford (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No  St.; Ward)  St.; Ward)  [If death accurred in a haspital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
mall while (Write the word)	16 DATE OF DEATH  (Menth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from	
AGE SPATE OF BIRTH  (Month)  (Day)  (Year)	Mar. 29th, 1913, to april 20th, 1913, that I last saw have allow on april 20th, 1913	
goccupation (a) Frade, profession, or particular kind of work	and that death occurred on the date stated above, at	
(b) General nature of industry, business, nr establishment in which employed (nr employer)  PRIRTHPLACE (State or country)	Contributory (Secondary)	
10 NAME OF FATHER LINE WILGS  31 BIRTHPLACE OF FATHER (State or country) Haywallo had  12 MAIDEN NAME OF MOTHER LAND LAND	(Signed) Q. 7. Van S	
13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	OR RECENT RESIDENTS) At place in the of death yrs. mns. ds. State yrs, mns. ds. Where was disease contracted, if ant at place of death? Former or usual residence.	
(Address) Bel air Mol.  Filed Ope 12, 1913 J. Edga, Doning REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  PASS GRAVE CEMPLEY GRADES  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grecery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" Conmere symptoms or terminal conditions, such as affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accithenia," "Anaemia" (merely symptomatic), "A Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor", for maligoma. Sarcoma. etc., of .. The contributory (secondary or in fourrent) Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report



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PLACE OF DEATH 5098	STATE OF MARYLAND CERTIFICATE OF DEATH
County Wayford Co	Registration Dist. No. 5
VHIage or City Carred Frace (No.	St.; Ward) [It death occurred in a hospital or lostitution, give its NAME instead
* FULL NAME Carne Hillie	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Plack Single, Married Wisower, Orbivorceo (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That Wattended deceased from
6 DATE OF BIRTH Sont From 1	that I last saw h allye on Too del before deathing 3
7 AGE (Month) (Day) (Year) 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH# was as follows:
BOCCUPATION (a) Trade, protession, or Manue work	Safetre Corson Vueriperal.
particular kind of work	(Doratioo) Jrs. 2 mos. ds.
9 BIRTHPLACE (State or country) Canford Ce,	Contributory (Secondary) (Duration) yrs mos ds.
10 NAME OF Charles Haywood	(Signed) all the M. D.
11 BIRTHPLACE OF FATHER (State or country) Harford  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Carford  14 THE ABOVE 18 TRUE TO THE BEST OF MY KNOWLEDGE	At place lo the of death yrs mos ds. State yrs, mos ds. Where was disease contracted,
(Interment) Filliam Congression	If not at place of death?————————————————————————————————————
(Address) Camede har of	DATE OF BURIAL OR REMOVAL DATE OF BURIAL Afril 23, 1913.
Filed apr. 20, 1913 J. W. Merrer REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborercated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman," -Coal

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cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acclsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "PUEEPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:

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BUREAU, V.S.